

ISSUE SLIP STAPLE AREA (for additional cross references)

(Additional cross references)			
POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		6	8-2-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> Allowed <input type="checkbox"/> (Through numeral)... Canceled <input type="checkbox"/> Restricted	<input type="checkbox"/> N Non-elected <input type="checkbox"/> I Interference <input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected
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Claim	Date
Final	
Original	9/1/66
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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